

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 2-876)

APPLICANT(S)

09, 1-16-284

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	INO.	DEP.	INO.	DEP.	INO.	DEP.
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TOTAL	INO.	DEP.	INO.	DEP.	INO.	DEP.
TOTAL	INO.	DEP.	INO.	DEP.	INO.	DEP.
TOTAL	INO.	DEP.	INO.	DEP.	INO.	DEP.

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL	INO.	DEP.	INO.	DEP.	INO.	DEP.
TOTAL	INO.	DEP.	INO.	DEP.	INO.	DEP.

BEST AVAILABLE COPY